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**From:** Brad Madrid [brad.madrid@pharmsmgmt.com]  
**Sent:** 8/31/2015 8:24:48 PM  
**To:** incechris@hotmail.com  
**Subject:** Dr. Ince Scripts  
**Attachments:** ALVERSON COLTON SILA.pdf; ALVERSON KELLI SILA.pdf; ALVERSON KEVIN DAD SILA.pdf; ALVERSON KEVIN SON SILA.pdf; DEPUGH DEBRA LIDO.pdf; DEPUGH DEBRA SILA.pdf; LEONARD NICK LIDO.pdf; LEONARD NICK SILA.pdf; WALTON ANDREA LIDO.pdf; WALTON ANDREA SILA.pdf; WALTON JORDAN LIDO.pdf; WALTON JORDAN SILA.pdf; WALTON ROBERT LIDO.pdf; WALTON ROBERT SILA.pdf; Untitled.pdf

Dr. Ince,

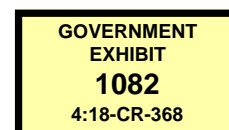
My name is Brad Madrid and I work with Brian Swiencinski. We are now offering products that may be covered by your patient's insurance plan where in the past they may have been denied.

Attached you will find prescriptions for our alternative products that are now covered by these certain patient's insurance plan. If you would like these patients to receive their medication, please sign and date the scripts and fax back to 855-325-3500.

Please let me know if you have any questions.

Thank you,

**Brad Madrid**  
**Marketing Associate**  
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588  
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



<b>PATIENT</b>	<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>
<b>COLTON ALVERSON</b>		
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		
Diag.		

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**NCP-9:****Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**GPI-2:****General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%

**SIG:**

Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%

**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.

**Qty:** ☐ 30 count  
☐ 60 count  
☐ 120 count

**Refills:** ☐ 3 ☐ 6 ☐ 12

**Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%

**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain

**Qty:** 240 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**DERMATOLOGICAL****DERM-2:****Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:**

Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**DERM-7:****Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil ..... 10%

**Add:**

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**SCAR****Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape

**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.

**Qty:** 1 pack

**Refills:** ☐ 3 ☐ 6 ☐ 12

**Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%

**For painful scars, add:**

Prilocaine ..... 3%  
 Gabapentin ..... 15%

**For elasticity, add:**

Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**SPECIALTY****MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

**Qty:** ☐ 300 gm ☐ 600 gm ☐ 1200 gm

**Refills:** ☐ 3 ☐ 6 ☐ 12

**SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%

**For women:**

(No Finasteride)

**SIG:** Apply up to 2 mls to scalp 2 times a day

**Qty:** ☐ 120 ml ☐ 240 ml ☐ 360 ml

**Refills:** ☐ 3 ☐ 6 ☐ 12

**GENERAL WELLNESS****Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12

**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU

**SIG:** Take 1 capsule by mouth twice daily

**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12

**METABOLIC SUPPLEMENTS****INSOMNIA****KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .....125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP .....150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime

**Qty:** 30 capsules

**Refills:** ☐ 3 ☐ 6 ☐ 12

**DIET SUPPLEMENT****ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP .....100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk .....100 mg

**SIG:** Take 1 capsule in the morning as directed

**Qty:** 30 capsules

**Refills:** ☐ 3 ☐ 6 ☐ 12

**BONE HEALTH****BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg

**SIG:** Take 1 capsule by mouth once daily

**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12

**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg

**SIG:** Take 1 capsule by mouth once daily

**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12

**Other****Prescriber Name:** CHRISTOPHER INCE MD**NPI #:****Lic. #:****DEA#:****Phone #:** 817 328 1010**Fax#:****Address:****Signature (Note: Manual Signature Required for CS):****Date:** 8/31/15

<b>PATIENT</b>		<b>DOB</b>		<b>LAST 4 DIGITS OF SSN</b>	
<b>KELLI ALVERSON</b>					
Home Phone		Cell Phone			
Address					
City		State		Zip	
Allergies					
Diag.					

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL**
☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☒ **Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL**
☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR**
☒ **Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY**
☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS**
☐ **Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA**
☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT**
☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH**
☐ **BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Other** \_\_\_\_\_
**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

<b>PATIENT</b>		<b>DOB</b>		<b>LAST 4 DIGITS OF SSN</b>	
<b>KEVIN ALVERSON</b>					
Home Phone		Cell Phone			
Address					
City		State		Zip	
Allergies					
Diag.					

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL**
☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☒ **Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL**
☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR**
☒ **Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY**
☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS**
☐ **Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA**
☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT**
☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH**
☐ **BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Other** \_\_\_\_\_
**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

<b>PATIENT</b>		<b>DOB</b>		<b>LAST 4 DIGITS OF SSN</b>	
<b>KEVIN ALVERSON</b>					
Home Phone		Cell Phone			
Address					
City		State		Zip	
Allergies					
Diag.					

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL**
☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☒ **Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL**
☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR**
☒ **Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY**
☐ **MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS**
☐ **Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA**
☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP .....150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT**
☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP .....100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH**
☐ **BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ **Other** \_\_\_\_\_
**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

**Lidocin / Rexaphenac / Voltaren**

<b>Patient</b> DEBRA DEPUGH		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**Lidocin**☒ **Lidocin****Strength:** Lidocaine ..... 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** \_\_\_\_\_**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel ..... 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** \_\_\_\_\_☐ **Other** \_\_\_\_\_

**Prescriber Name:** CHRISTOPHER INCE MD **NPI #:** \_\_\_\_\_

**Lic. #:** \_\_\_\_\_ **DEA#:** \_\_\_\_\_ **Phone #:** 817 328 1010 **Fax#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature** (Note: Manual Signature Required for CS): \_\_\_\_\_ **Date:** 8/31/15

<b>PATIENT</b>		<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>
DEBRA DePUGH			
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

## PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

## PAIN-TOPICAL

## NCP-7B:

## Neuropathic &amp; Chronic Pain

Flurbiprofen .....20%  
 Baclofen .....2%  
 Cyclobenzaprine .....2%  
 Gabapentin .....6%  
 Lidocaine .....2.5%

## Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## NCP-9:

## Neuropathic &amp; Chronic Pain

Baclofen .....2%  
 Cyclobenzaprine .....2%  
 Gabapentin .....6%  
 Lidocaine .....2%  
 Diclofenac .....3%

## Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## GPI-2:

## General Pain / Inflammation

Flurbiprofen .....20%  
 Cyclobenzaprine .....2%  
 Baclofen .....2%

## Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## Reme-D

Topiramate .....2.5%  
 Celecoxib .....2%  
 Gabapentin .....5%  
 Lidocaine .....2%  
 Duloxetine .....1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## Renovo Pain Patch

Menthol .....5%  
 Capsaicin .....0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed.

Qty: ☐ 30 count  
☐ 60 count  
☐ 120 count

Refills: ☐ 3 ☐ 6 ☐ 12

## Camphomex Topical Spray

Menthol .....10%  
 Camphor .....4%  
 Histamine .....0.025%

SIG: Apply 1-2 sprays, 3-4 times per day PRN pain

Qty: 240 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## DERMATOLOGICAL

## DERM-2:

## Topical Anti Fungal Cream

Fluticasone .....1%  
 Fluconazole .....2%  
 Pentoxifylline .....0.5%  
 Lidocaine .....2%  
 Hydroxyzine .....2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm  
☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## DERM-7:

## Plantar Fasciitis

Diclofenac .....5%  
 Baclofen .....2%  
 Fluticasone .....1%  
 Lidocaine .....2%  
 Verapamil Hydrochloride .....10%

## Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## SCAR

## Dermacin Rx SilaPak (scar topical)

Triamcinolone Acetonide Cream USP, 80 gm .....0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) .....5%

SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.

Qty: 1 pack  
 Refills: ☐ 3 ☐ 6 ☐ 12

## Scar (transdermal)

Fluticasone .....1%  
 Levocetirizine .....2%  
 Pentoxifylline .....0.5%

**For painful scars, add:**  
 Prilocaine .....3%  
 Gabapentin .....15%

**For elasticity, add:**  
 Hyaluronic Acid .....0.2%  
 Vitamin D3 .....0.05%  
 Vitamin C .....5%  
 Estradiol .....0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## SPECIALTY

## MGL-1A: Migraine

Topiramate .....5%  
 Baclofen .....2%  
 Cyclobenzaprine .....2%  
 Lidocaine .....5%  
 Flurbiprofen .....10%  
 Apomorphine .....0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm  
☐ 600 gm ☐ 1200 gm  
 Refills: ☐ 3 ☐ 6 ☐ 12

## SCALP CARE - 3 Hair Solution

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%

**For women:**  
 (No Finasteride)

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml  
☐ 240 ml  
 Refills: ☐ 3 ☐ 6 ☐ 12

## GENERAL WELLNESS

## Super-SB: General Wellness

SB-1: 5-MTHF .....500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin .....20 mg  
 EGCG .....50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules Refills: ☐ 3 ☐ 6 ☐ 12

SB-2: Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene .....2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules  
 Refills: ☐ 3 ☐ 6 ☐ 12

## METABOLIC SUPPLEMENTS

## INSOMNIA

## KP-1: Insomnia

Melatonin .....3 mg  
 Methylcobalamin .....5 mg  
 N-Acetylcysteine .....125 mg  
 Glutathione .....50 mg  
 Diphenhydramine .....20 mg  
 5-HTP .....150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: 30 capsules  
 Refills: ☐ 3 ☐ 6 ☐ 12

## DIET SUPPLEMENT

## ADP-6

Methylcobalamin .....20 mg  
 Coenzyme Q10 .....75 mg  
 5-HTP .....100 mg  
 Acidophilus .....100 mg  
 Bupropion .....50 mg  
 Psyllium Husk .....100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules  
 Refills: ☐ 3 ☐ 6 ☐ 12

## BONE HEALTH

## BH: Bone Health

BH-1: Vitamin D3 .....5,000 IU  
 Magnesium Oxide .....200 mg  
 Zinc Gluconate .....69.6 mg  
 Copper Gluconate .....7.14 mg  
 Boron .....1 mg  
 Betaine Anhydrous .....25 mg  
 Pyridoxal-5-Phosphate .....70 mg  
 Boswellia Serrata .....200 mg

SIG: Take 1 capsule by mouth once daily

Qty: 30 capsules Refills: ☐ 3 ☐ 6 ☐ 12

BH-2: Resveratrol .....20 mg  
 Calcium Gluconate .....500 mg  
 Coenzyme Q10 .....100 mg  
 5-Methyltetrahydrofolate .....500 mcg

SIG: Take 1 capsule by mouth once daily

Qty: 30 capsules Refills: ☐ 3 ☐ 6 ☐ 12

## Other

Prescriber Name: CHRISTOPHER INCE MD

NPI #: 1780709493

Lic. #:

DEA#:

Phone #: 817 328 1010

Fax#:

Address: 1001 12TH AVE SUITE 170 FORT WORTH, TEXAS 76104

Signature (Note: Manual Signature Required for CS):

Date: 8/31/15



**Lidocin / Rexaphenac / Voltaren**

<b>Patient</b> NICK LEONARD		DOB [REDACTED]	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**Lidocin**☒ **Lidocin****Strength:** Lidocaine ..... 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** \_\_\_\_\_**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel ..... 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** \_\_\_\_\_☐ **Other** \_\_\_\_\_

<b>Prescriber Name:</b> CHRISTOPHER INCE		<b>NPI #:</b> _____	
<b>Lic. #:</b> _____	<b>DEA#:</b> _____	<b>Phone #:</b> 817 328 1010	<b>Fax#:</b> _____
<b>Address:</b> _____			
<b>Signature</b> (Note: Manual Signature Required for CS): _____			<b>Date:</b> 8/31/15



<b>PATIENT</b>		<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>
<b>NICK LEONARD</b>			
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%

**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%

**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL****DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride .....10%

**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR****Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape

**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%

**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY****MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%

**For women:** (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS****Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg

**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA****KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT****ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH****BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg

**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ Other \_\_\_\_\_**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

**Lidocin / Rexaphenac / Voltaren**

<b>Patient</b> ANDREA WALTON			
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**Lidocin**☒ **Lidocin****Strength:** Lidocaine ..... 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** \_\_\_\_\_**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel ..... 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** \_\_\_\_\_☐ **Other** \_\_\_\_\_

<b>Prescriber Name:</b> CHRISTOPHER INCE		<b>NPI #:</b> _____	
<b>Lic. #:</b> _____	<b>DEA#:</b> _____	<b>Phone #:</b> 817 328 1010	<b>Fax#:</b> _____
<b>Address:</b> _____			
<b>Signature</b> (Note: Manual Signature Required for CS): _____			<b>Date:</b> 8/31/15

GX1082.010

<b>PATIENT</b>		<b>DOB</b>		<b>LAST 4 DIGITS OF SSN</b>	
<b>ANDREA WALTON</b>					
Home Phone			Cell Phone		
Address					
City			State	Zip	
Allergies					
Diag.					

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL****DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR****Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY****MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS****Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA****KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT****ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH****BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ Other \_\_\_\_\_**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

**Lidocin / Rexaphenac / Voltaren**

<b>Patient</b> JORDAN WALTON		DOB [REDACTED]	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**Lidocin**☒ **Lidocin****Strength:** Lidocaine ..... 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** \_\_\_\_\_**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel ..... 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** \_\_\_\_\_☐ **Other** \_\_\_\_\_

<b>Prescriber Name:</b> CHRISTOPHER INCE		<b>NPI #:</b> _____	
<b>Lic. #:</b> _____	<b>DEA#:</b> _____	<b>Phone #:</b> 817 328 1010	<b>Fax#:</b> _____
<b>Address:</b> _____			
<b>Signature</b> (Note: Manual Signature Required for CS): _____			<b>Date:</b> 8/31/15

<b>PATIENT</b>		<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>
<b>JORDAN WALTON</b>			
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL****DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR****Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY****MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS****Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA****KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT****ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH****BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ Other \_\_\_\_\_**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** 8/31/15

**Lidocin / Rexaphenac / Voltaren**

<b>Patient</b> ROBERT WALTON		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**Lidocin**☒ **Lidocin****Strength:** Lidocaine ..... 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** \_\_\_\_\_**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel ..... 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** \_\_\_\_\_☐ **Other** \_\_\_\_\_

<b>Prescriber Name:</b> CHRISTOPHER INCE		<b>NPI #:</b> _____	
<b>Lic. #:</b> _____	<b>DEA#:</b> _____	<b>Phone #:</b> 817 328 1010	<b>Fax#:</b> _____
<b>Address:</b> _____			
<b>Signature</b> (Note: Manual Signature Required for CS): _____			<b>Date:</b> 8/31/15

<b>PATIENT</b>		<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>	
ROBERT WALTON		[REDACTED]		
Home Phone		Cell Phone		
Address				
City		State	Zip	
Allergies				
Diag.				

Insurance info	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

**PAIN-TRANSDERMAL****Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen .....20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine .....2.5%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GPI-2: General Pain / Inflammation**

Flurbiprofen .....20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Reme-D**

Topiramate .....2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine .....1.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%  
**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.  
**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%  
**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERMATOLOGICAL****DERM-2: Topical Anti Fungal Cream**

Fluticasone .....1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil  
 Hydrochloride .....10%  
**Add:** \_\_\_\_\_  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCAR****Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ..... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.  
**Qty:** 1 pack  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**Scar (transdermal)**

Fluticasone .....1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%  
**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SPECIALTY****MGL-1A: Migraine**

Topiramate ..... 5%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Lidocaine ..... 5%  
 Flurbiprofen .....10%  
 Apomorphine ..... 0.2%  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%  
 Finasteride 0.2%  
 Minoxidil 5%  
 Tretinoin 0.01%  
**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**GENERAL WELLNESS****Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid .....250 mg  
 Coenzyme Q10 .....100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E .....100 mg  
 Glutathione .....100 mg  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**SB-2:** Resveratrol Powder .....100 mg  
 Pyridoxal-5-Phosphate ... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS****INSOMNIA****KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine .... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP .....150 mg  
**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**DIET SUPPLEMENT****ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP .....100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg  
**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

**BONE HEALTH****BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 \_\_\_\_\_

☐ Other \_\_\_\_\_**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** \_\_\_\_\_**Lic. #:** \_\_\_\_\_**DEA#:** \_\_\_\_\_**Phone #:** 817 328 1010**Fax#:** \_\_\_\_\_**Address:** \_\_\_\_\_**Signature (Note: Manual Signature Required for CS):** \_\_\_\_\_**Date:** \_\_\_\_\_



Omni-One-Med Pharmacy Services, LLC

Pharmacy Fax: (832) 554-5009

## Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax)

Date printed / faxed 8/28/2015

**TO:** CHRISTOPHER INCE  
1001 12TH AVE #170 FORT WORTH, TX 76104  
Phone (817)328-1010 (000)000-0000  
Fax (817)472-2188

**FROM:** Omni-One-Med Pharmacy Services, LLC  
17310 W Grand Pkway S, Ste E Sugar Land, TX 77478  
Phone (888) 350-4393  
Fax (832) 554-5009

**Patient:** NEIL DOUGHERTY

Phone [REDACTED]  
Birthdate [REDACTED] Age 30

**Rx #** 303907  
**Quantity** 300  
**Drug** SCAR GEL NON-PAIN GEL

**Date written** 2/17/2015

**Last refill** 2/23/2015

**Prescription expiration date** 2/17/2016

**Directions** Apply 1 - 2 pumps to affected area 3 - 4 times daily. \*\*\* 1 pump = 1.5ml's \*\*\*

**Additional note:**

**Refill Response:** Fax back to the pharmacy at (832) 554-5009

May Refill:

\_\_\_\_ PRN, or \_\_\_\_ Time(s) as Consistent with State Law or Until \_\_\_\_/\_\_\_\_/\_\_\_\_.

Authorized by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments or Questions: